



Physician Prosthetic Documentation Guide

PROSTHETIC EVALUATION GUIDE

Physician:

Thank you for allowing us to assist with the care of your patient. We look forward to our collaborative efforts for optimal outcomes.

In addition to a signed and dated prescription stating the need for the device, please provide the information outlined on the following pages based on your patient's need for the prosthesis or prosthetic component.

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*Enriching and transforming lives through
compassionate service and innovation*

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FOR THE NEW AMPUTEE

- ▶ **Date of Amputation**
- ▶ **Cause of Amputation**
- ▶ **Height/Weight**
- ▶ **Condition of Residual Limb**
 - ▶ Healed
 - ▶ Open sore
 - ▶ Unhealed Surgical Site

- ▶ **What is the patient's desire to ambulate?**
- ▶ **Are there any factors that would inhibit the return to physical activity?**
- ▶ **What are specific ADLs the patient needs to return to?**
- ▶ **Would the patient benefit from the use of a prosthesis to complete ADLs?**
- ▶ **Does the patient have any further medical complications?**
 - ▶ **Overweight/Obesity**

Would the use of a prosthesis allow for increased activity level to help aid in weight loss?
 - ▶ **Heart Condition**

Would the use of a prosthesis allow for increased activity to improve cardiovascular overall health?
 - ▶ **Arthritis of Contralateral Limb**

Would the use of a prosthesis decrease strain and pressure on the limb?
What is the expected K level of the patient with the use of a prosthesis?

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FOR THE EXPERIENCED AMPUTEE

- ▶ **LIMB AND DEVICE CONDITION**
 - ▶ Does the patient currently have a prosthesis?
 - ▶ Is the prosthesis functioning appropriately/Any parts broken?
 - ▶ Does the prosthesis fit appropriately?
 - ▶ How many sock ply is the patient wearing with the prosthesis?
 - ▶ Any areas of redness?

- ▶ **AMBULATION STATUS AND DEVICE USE**
 - ▶ Does the patient have difficulty walking due to the fit of the prosthesis?
 - ▶ Does the patient demonstrate the desire to return to functional ambulatory status?
 - ▶ Does the patient demonstrate the desire to return to independent living?
 - ▶ Does the patient use an assistive device (cane, walker, etc)
 - ▶ Would the patient benefit from the use of a prosthesis to complete ADLs?

- ▶ **Does the patient have any further medical complications?**
 - ▶ **Overweight/obesity**
Would the use of a prosthesis allow for increased activity level to help aid in weight loss?

 - ▶ **Heart Condition**
Would the use of a prosthesis allow for increased activity to improve cardiovascular overall health?

 - ▶ **The physician must document the need for replacement of the entire prosthesis or major component**
 - Changes in residual limb shape or size
 - Changes in functional needs for ADLs
 - Wear/Irreparable damage to the prosthesis due to excessive weight of the patient
 - Wear/Irreparable damage due to demands of the extremely active amputee
 - Loss or Irreparable damage due to specific accident or natural disaster

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SPECIAL CONSIDERATIONS

- ▶ **MICROPROCESSOR CONTROLLED DEVICES:**
 - ▶ Use detail in explaining ADLs- give specific examples
 - ▶ Would a prosthesis assist in daily goals to return patient to a more regular level of functioning beyond that of a non Microprocessor?
 - ▶ Would the use of the prosthesis increase endurance when walking, decrease stumbles and risk of falls while carrying objects, decrease strain on sound side?
 - ▶ **Any history of falls and stumbles?**
Would you foresee the prosthesis/prosthetic component decreasing the risk of falls?
 - ▶ **Any history of injury or overuse of the sound side?**
Would you foresee this prosthesis/prosthetic component decreasing the risk of injury to the sound side?
- ▶ **UPPER EXTREMITY PROSTHESIS:**
 - ▶ Do they currently have a prosthesis?
 - ▶ Is the prosthesis functioning properly?
 - ▶ What ADLs are they deficient in completing?
 - ▶ **Would the use of a prosthesis aid the patient?**
Improve/ restore grasping?
Allow for balancing/using assist walking aide?
Increase ability to steady items when using the contralateral hand?

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FUNCTIONAL (K-LEVEL) ASSESSMENT FORM

The following questions are provided to help you determine the patient's K level. A documented K level in your notes is required when ordering a prosthesis (new or replacement). Please reference the K level definitions on page 7.

- ▶ **1. Is the patient able to safely transfer** *(with or without assistance)*
 - Yes *(Continue to question 2)*
 - No *(STOP. This patient is K-0 and not a prosthetic candidate at the present time.)*
 - Potentially *(Continue to question 2)*

- ▶ **2. Is the patient able to ambulate on level surfaces with a fixed cadence?**
 - Yes *(Continue to question 3)*
 - No *(STOP. This patient has K-1 functional level)*
 - Potentially *(Continue to question 3)*

- ▶ **3. Is the patient able to traverse most low-level environmental barriers such as curbs, stairs or uneven surfaces?**
 - Yes *(Continue to question 4)*
 - No *(STOP. This patient has K-2 functional level)*
 - Potentially *(Continue to question 4)*

- ▶ **4. Is the patient able to ambulate with variable cadence?**
 - Yes *(Continue to question 5)*
 - No *(STOP. This patient has K-2 functional level)*
 - Potentially *(Continue to question 5)*

- ▶ **5. Does the patient have the ability for prosthetic ambulation that exceeds basic ambulation skills, exhibiting high impact, stress or energy levels, typical of the prosthetic demands of the child, active adult or athlete?**
 - Yes *(STOP. This patient has K-4 functional level)*
 - No *(STOP. This patient has K-3 functional level)*
 - Potentially *(STOP. This patient has K-3 functional level)*

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K-LEVEL GUIDELINES

- ▶ **Level 0:**
Does not have the ability or potential to ambulate or transfer safely with or without assistance and a prosthesis does not enhance their quality of life or mobility
- ▶ **Level 1:**
Has the ability or potential to use a prosthesis for transfers or ambulation on level surfaces at fixed cadence. Typical of the limited and unlimited household ambulator.
- ▶ **Level 2:**
Has the ability or potential for ambulation with the ability to traverse low level environmental barriers such as curbs, stairs or uneven surfaces. Typical of the limited community ambulator.
- ▶ **Level 3:**
Has the ability or potential for ambulation with variable cadence. Typical of the community ambulatory who has the ability to traverse most environmental barriers and may have vocational, therapeutic, or exercise activity that demands prosthetic utilization beyond simple locomotion.
- ▶ **Level 4:**
Has the ability or potential for prosthetic ambulation that exceeds basic ambulation skills, exhibiting high impact, stress, or energy levels. Typical of the prosthetic demands of the child, active adult, or athlete.

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